

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

ED. MAY 24 1943 94
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Ida Lewis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J. H. Lewis 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 6th 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 6 13 hr. min.

9. Birthplace (City, town, or county) (State or foreign country) MO

10. Usual occupation At home

11. Industry or business

12. Name John B. Payton

13. Birthplace (City, town, or county) (State or foreign country) MO

14. Maiden name No data

15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant R. R. Lewis

(b) Address Moberly, MO

17. (a) Burial (b) Date thereof Apr 20th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, MO

18. (a) Signature of funeral director Mahran and Son

(b) Address Moberly, MO

19. (a) 4-20-43 (b) Irma Kaut
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly 88
(If outside city or town limits, write "RURAL")
(d) Street No. 412 Halleck 6
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th year 1943 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from April 1 to April 19, 1943
that I last saw him alive on April 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Ac. Coronary Collopo 15 min
Ch. Myocarditis 10 yr
Ch. Int. Nephritis 2 yr
Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work? (Specify type of place) (c) Means of injury

23. Signature H. Z. Griffiths (M. D. or other) 8/19/43
Address Moberly, MO Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

38
6
2

MOTHER FATHER

1036

RECEIVED
District Health Officer No. 10
District File Number 5-43-866
Date Filed MAY 21 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.